

From: EISENFUEHR SPEISER & PARTNER +49 30 84188777

18/09/2003 08:58 #205 P.002/009

Practitioner's Docket No. 117163-2

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

DEVICE WITH REDETECTION THERAPY THRESHOLD

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

From: EISENFUEHR SPEISER & PARTNER +49 30 84188777

18/09/2003 08:58 #205 P.003/009

PROVISIONAL APPLICATION NUMBER

60/411,905

FILING DATE

September 19, 2002

POWER OF ATTORNEY

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

Stephen L. Grant
1225 W. Market St.

Akron, OH 44313
USA

CUSTOMER NUMBER 021324**DIRECT TELEPHONE CALLS TO:**

Stephen L. Grant
330-864-5550

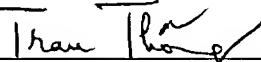
DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Dr. Tran Thong
Inventor's signature

Date March 27, 2003


Tran Thong

Country of Citizenship US

Residence Portland, OR

Post Office Address 12491 NW Woodland Ct., Portland, OR 97229

.....

Mrigank Shekhar

Inventor's signature

Date _____

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|--------------------------------|--------------------|
| PROVISIONAL APPLICATION NUMBER | FILING DATE |
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SIGNATURE(S)

Dr. Tran Thong
Inventor's signature _____
Date _____ Country of Citizenship US
Residence Portland, OR
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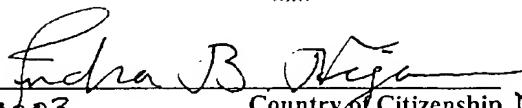
.....
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18/09/2003 08:59 #205 P.005/009

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